

**CALIFORNIA GAMBLING CONTROL COMMISSION**

Physical Address: 300 Capitol Mall, Suite 300 • Sacramento, CA 95814-4338

Mailing Address: P.O. Box 526013 • Sacramento, CA 95852-6013

Phone: (916) 322-3095 • FAX: (916) 322-5441

**Address and/or Authorized Agent Change Form**

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**Section 1 – Name and Mailing Address**

Enter the name and title of the official tribal member that is authorized to represent the Tribe. Also enter the address of record for the tribal office. This is the address that the Commission will send all correspondence to. If all correspondence is to be mailed to an alternate mailing address and/or authorized agent enter that information in Section 2 below.

Tribal Chairperson and Title \_\_\_\_\_

Name of Tribe \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

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**Section 2 – Alternate Mailing Address of Record and Authorized Agent**

Complete this section **only** if the tribe has designated an authorized agent other than the person identified in Section 1 above, **and/or** if the tribe would like to designate an alternate mailing address for the Commission to send all correspondence to that is different from the tribal office address identified in Section 1 above. If an alternate authorized agent is designated, proper documentation that authorizes this must be attached to this form.

Authorized Agent \_\_\_\_\_

Daytime Phone Number of Authorized Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

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**Section 3 – Certification**

**Certification Statement:** The information reported above is, to the best of my knowledge and belief, true, correct, and complete.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_